

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	002000	4-22-99
O.I.P.E. CLASSIFIER		43	4/28/99
FORMALITY REVIEW		61580	6/5/99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
1	6-3-00
2	N
3	N
4	N
5	N
6	N
7	N
8	N
9	N
10	N
11	N
12	N
13	N
14	✓
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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